BEST AVAILABLE COPY

	CATION FEE DET Effective Decembe	TERMINATION . r 8, 2004	RECORD	Applica	ation or Docket No
	S AS FILED - PART		045	1/0	553511
	(Column 1)	40.	SMALL EN TYPE	ITITY	OTHERT
U.S. NATIONAL STAGE FEES	T	(Column 2)	7	0	R SMALL EN
BASIC FEE			RATE	FÉE	RATE
EYALWA T	SMALL ENT. = \$ 150	LARGE ENT. = \$ 300	BASIC FEE		
EXAMINATION FEE	Satisfies PCT Article 33(1)(4) = -\$ 50/\$ 100 -	All other situations =		OR	BASIC FEE
SEARCH FEE	U.S. is ISA = \$ 50/\$ 100	\$ 100 / \$ 200	EXAM FEE	_	EXAM. FEE 9
555.50	ALL other countries = \$ 200 / \$ 400	All other situations = \$250 / \$500	SEARCHFEE		
FEE FOR EXTRA SPEC. PGS.	minus 100 =	150 =	 		SEARCH FEE CH
TOTAL CHARGEABLE CLAIMS	minus 20 =		X \$ 125 = =		X \$ 250 =
INDEPENDENT CLAIMS	, ,		X \$ 25 =	OR	X \$ 50 =
	minus 3 = .	- 1	X \$ 100 =		
MULTIPLE DEPENDENT CLAIM PRESI			15.100	OR)	(\$200 =
 If the difference in column 1 is less 	s than zero, enter "0" in	Column 2	+ \$ 180 =	OR +	\$ 360 =
1		widnin 2	TOTAL	OR	TOTAL
CLAIMS AS AM	ENDED - PART II				
(Column 1)	(Column 2)	(C-1	CHARL COM		OTHER THAN
CLAIMS REMAINING	HIGHEST	(Column 3)	SMALL ENTITY	OR S	MALL ENTITY
	NUMBER PREVIOUSLY	PRESENT	ADD	1.	
Zu AMENDMENT Zi Total	PAID FOR	EXTRA	RATE TION	1 1 13	ATE TIONAL
Minus		= x	\$ 25 =	┦ ├──	FEE
Total Minus Independent Minus	***	——————————————————————————————————————		OR X\$	50 =
FIRST PRESENTATION OF MULTIPLE	E DEDGNOSUS :		100 =	OR X \$ 20	00 =
	CLAIM	+\$	180 =	OR + \$ 36	
			ADOIT.	OR TOTAL AL	
(Cokuma 1)		•	EE	FEE	,on
CLAIMS	(Column 2) (C	Columa 3)			1
REMAINING AFTER	NUMBER P	PRESENT	ADOI-		
AMENOMENT	PREVIOUSLY PAID FOR	EXTRA RAT	1	RATE	ADDI- TIONAL
AFTER AMENOMENT Total Independent • Minus	4.0		FEE	 	FEE
Independent • Minus	1	X \$ 25	?= (OR X \$ 50 =	
]	X\$ 100)= 0	R X\$200 =	1
FIRST PRESENTATION OF MULTIPLE DE	EPENDENT CLAIM	+\$ 180	= 0	 	
		TOTAL ADD	al	1 000 -	
		FEE	OF	TOTAL ADDIT.	
If the entry in column 1 is less than the entry in column If the "Highest Number Previously Paid For" IN THIS SF If the "Highest Number Previously Paid For" IN This co	2, write "0" in column 3.				1
THE COUNTY PAID FOR IN THE CO	ACE b loss than the				
If the "Righest Number Previously Paid For" IN THIS SE The "Righest Number Previously Paid For" IN THIS SE The "Righest Number Previously Paid For" (Total or Inde	ACE to least 7	r.			1